PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/528647

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = $150	LARGE ENT. = $300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $50 / $100	All other situations = $100 / $200
SEARCH FEE	U.S. is ISA = $50 / $100 ALL other countries = $200 / $400	All other situations = $250 / $500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	18 minus 20 = *	
INDEPENDENT CLAIMS	2 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	150	OR	BASIC FEE	
EXAM. FEE	100		EXAM. FEE	
SEARCH FEE	200		SEARCH FEE	
X $125 =			X $250 =	
X $25 =		OR	X $50 =	
X $100 =		OR	X $200 =	
+ $180 =		OR	+ $360 =	
TOTAL	450	OR	TOTAL	

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $25 =		OR	X $50 =	
Independent	*	Minus	***	=	X $100 =		OR	X $200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $180 =		OR	+ $360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $25 =		OR	X $50 =	
Independent	*	Minus	***	=	X $100 =		OR	X $200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $180 =		OR	+ $360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter '20'.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____	2 Serial/Patent # 10/528,047

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing			$ 50
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$ 50

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 | 0 | 1 | -- | 0 | 0 | 3 | 5 |

10 REASON:

✓ Overpayment

Duplicate Payment

No Fee Due (Explanation):

Rule change - 08 Dec 2004

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____

SIGNATURE: *Terry M. Johnson Vessels*

OFFICE: DO/EO

TITLE: *Supervisor*

PHONE: 703-308-9140

X221

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

FORM PTO 1577
(01/90)